

Manual Handling Trainer

Training Feedback Form | Please complete before leaving today

Delegate Information

Name: _____ Date: _____
Organisation: _____ Job Role: _____

Please rate the following (1 = Poor, 5 = Excellent)

Area	1	2	3	4	5
Overall course content	<input type="checkbox"/>				
Trainer's knowledge and delivery	<input type="checkbox"/>				
Pace and timing of the course	<input type="checkbox"/>				
Relevance to your job role	<input type="checkbox"/>				
Quality of course materials	<input type="checkbox"/>				
Venue and facilities	<input type="checkbox"/>				
Value for money	<input type="checkbox"/>				

Your Comments

What did you find most useful about today's training?

What could be improved?

Would you recommend this course to a colleague? Yes No — Why?

Any other comments:

Enjoyed the course? Become a certified **Manual Handling Trainer!** Visit <https://manualhandlingtrainer.com> or abertaytraining.co.uk | ■ 0333 500 5000